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<div style="display: flex; justify-content: space-between;"><div>0010/PTO Rev. 6/95</div><div>U.S. Department of Commerce Patent and Trademark Office</div></div> <div style="text-align: center; margin-top: 20px;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"><div><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing</div><div>OR</div><div><input type="checkbox"/> Declaration Submitted after Initial Filing</div></div>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;">M 6691 HST-CCAE-COIL</td></tr><tr><td>First Named Inventor</td><td>Cuyler, Brian B.</td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>		Attorney Docket Number	M 6691 HST-CCAE-COIL	First Named Inventor	Cuyler, Brian B.	COMPLETE IF KNOWN		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	M 6691 HST-CCAE-COIL																
First Named Inventor	Cuyler, Brian B.																
COMPLETE IF KNOWN																	
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Filing Date																	
Group Art Unit																	
Examiner Name																	

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DRY-IN PLACE ZINC PHOSPHATING COMPOSITIONS AND PROCESSES THAT PRODUCE PHOSPHATE CONVERSION COATINGS WITH IMPROVED ADHESION TO SUBSEQUENTLY APPLIED PAINT, SEALANTS, AND OTHER ELASTOMERS

(Title of the Invention)

the specification of which
☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/178,685	01/28/2000	
60/245,694	11/03/2000	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062		
Glenn E. J. Murphy	33,539		
Stephen D. Harper	33,243		
Norvell E. Wisdom, Jr.	30,510		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **00423** OR ☒ Fill in correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Brian	Middle Initial	B.	Family Name	Cuyler	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Oxford	State	MI	Country	USA	Citizenship	USA
Post Office Address	814 Inverness Drive						
Post Office Address							
City	Oxford	State	MI	Zip	48371	Country	USA
						Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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										ADDITIONAL INVENTOR(S) Supplemental Sheet							
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor									
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Inventor's Signature												Date					
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City		Oakland			State		MI		Zip		48363		Country		USA		
Applicant Authority																	
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.			
Inventor's Signature												Date					
Residence: City					State				Country					Citizenship			
Post Office Address																	
Post Office Address																	
City					State				Zip				Country				
Applicant Authority																	
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.			
Inventor's Signature												Date					
Residence: City					State				Country					Citizenship			
Post Office Address																	
Post Office Address																	
City					State				Zip				Country				
Applicant Authority																	
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.			
Inventor's Signature												Date					
Residence: City					State				Country					Citizenship			
Post Office Address																	
Post Office Address																	
City					State				Zip				Country				
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Given Name					Middle Initial				Family Name					Suffix e.g. Jr.			
Inventor's Signature												Date					
Residence: City					State				Country					Citizenship			
Post Office Address																	
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